


Attention: Christine Coble**ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT**

<p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 488-8882 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p>		
Name: <u>Glenn D. Abbott</u>		Date: <u>6/22/04</u>
Home Phone: <u>222-6662</u>	Work Phone: <u>487-9875</u>	Email: <u>abbottglenn@yahoo.com</u>
Occupation: <u>State employee</u>	Employer: <u>Management Services (DMS)</u>	
Please check box for preferred mailing address.		
<input type="checkbox"/> Work Address:		
City/State/Zip:		
<input checked="" type="checkbox"/> Home Address <u>7576 Talley Ann Drive</u>		
City/State/Zip: <u>Tallahassee, FL 32311</u>		
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
For how many years have you lived and/or owned property in Leon County? <u>35</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: <u>Landfill/Park</u> 2nd Choice: _____		
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:		
Human Services ___ Housing ___ Health Care ___ Science ___ Library Services ___ Growth Management ___		
Tourist Development ___ Transportation ___ Bicycle/Pedestrian ___ Metropolitan Planning Organization ___		
Other Areas _____		
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, on what Committee(s) have you served? _____		
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input checked="" type="checkbox"/> 4 or more		
And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more		
What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night		
(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.		
Race <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Age: <u>57</u> Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-8882 or e-mail at CobleC@mail.co.leon.fl.us		

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

*I have a strong interest in making improvements to the Leon County Landfill and promoting better communication with county representatives.
(See Attached Resume)*

References (you must provide at least one personal reference who is not a family member):

Name: Robert Henley Telephone: 644-4847
Address: 2470 Elfinwing Way 32309

Name: Jill Ghini Telephone: 410-2634
Address: 1151 Green Hill Trace, Tall 32317

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.


Have you completed the Orientation? ☒ Yes ☐ No
Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No
Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? _____
Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No
Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain _____
Do you or your employer, or your wife or child or their employers, do business with Leon County? ☒ Yes ☐ No
If yes, please explain _____
Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No
If yes, please explain _____

All statements and information provided in this application are true to the best of my knowledge.

Signature: Glenn D. Abbott

Please return Application to
Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christina Coble by telephone at 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p>		
Name: <u>MONA LISA ABBOTT</u>		Date: <u>June 24, 2004</u>
Home Phone: <u>222-6662</u>	Work Phone: <u>222-6662</u>	Email: <u>emonalisa@earthlink.net</u>
Occupation: <u>Photographer</u>	Employer: <u>Self-Employed</u>	
Please check box for preferred mailing address.		
<input type="checkbox"/> Work Address: <u>7576 Talley Ann Dr</u>		
City/State/Zip: <u>Tallahassee, FL 32311</u>		
<input checked="" type="checkbox"/> Home Address <u>7576 Talley Ann Dr</u>		
City/State/Zip: <u>Tallahassee, FL 32311</u>		
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
For how many years have you lived and/or owned property in Leon County? <u>34</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: <u>LANDFILL</u> 2nd Choice: <u>LANDFILL TO PARK</u>		
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:		
Human Services <input type="checkbox"/> Housing <input type="checkbox"/> Health Care <input type="checkbox"/> Science <input type="checkbox"/> Library Services <input type="checkbox"/> Growth Management <input type="checkbox"/>		
Tourist Development <input type="checkbox"/> Transportation <input type="checkbox"/> Bicycle/Pedestrian <input type="checkbox"/> Metropolitan Planning Organization <input type="checkbox"/>		
Other Areas <input type="checkbox"/>		
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, on what Committee(s) have you served? <input type="checkbox"/>		
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input checked="" type="checkbox"/> 4 or more		
And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more		
What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night		
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Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age: <input type="checkbox"/> Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Persons needing a special accommodation to participate in an Advisory Committee should contact Christina Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us		

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

• Fla. Dept of Revenue Certificate of Registration Since 01/02/81
Adm Co. Business Registration Certificate since 1981

• Various Fundraising activities for such organizations as ECAN, RED CROSS, HUMANE SOCIETY, VENTURE SCOUTS (an offshoot of BOY SCOUTS OF AMERICA), • B.A. PSYCHOLOGY FSU

• LAKE HERITAGE NEIGHBORHOOD NEWS ASSOCIATION - FOUNDER 2004 JAN.

References (you must provide at least one personal reference who is not a family member):

Name: DONNA GABRIELLE Telephone: 321-8222

Address: 8440 Augustwood LN - 32311

Name: George Williams Telephone: 877-9293

Address: Talley Ann Court

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☒ Yes ☐ No

Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? _____

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☒ Yes ☐ No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain _____

Do you or your employer, or your wife or child or their employers, do business with Leon County? ☒ Yes ☐ No If yes, please explain I work the election Polls frequently


Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No If yes, please explain _____

All statements and information provided in this application are true to the best of my knowledge

Signature: Mona Lisa Abbott

Please return Application to

Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

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Name: Beverly Harris Elliott		Date:
Home Phone: 850-297-1281	Work Phone: 850-222-7994	Email: arobhe@earthlink.net
Occupation: Manager	Employer: FL Society of Association Executives	
Please check box for preferred mailing address.		
<input checked="" type="checkbox"/> Work Address: PO Box 11110 City/State/Zip: Tallahassee, FL 32302		
<input checked="" type="checkbox"/> Home Address: 2004 Kingsbridge Ct City/State/Zip: Tallahassee, FL 32311		
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
For how many years have you lived and/or owned property in Leon County? _____ years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: Landfill Committee _____ 2nd Choice: _____		
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:		
Human Services _____ Housing _____ Health Care _____ Science _____ Library Services _____ Growth Management _____ Tourism Development _____ Transportation _____ Bicycle/Pedestrian _____ Metropolitan Planning Organization _____ Other Areas: _____		
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, on what Committee(s) have you served? _____		
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more		
And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more		
What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night		

(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.

Race ☒ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Other
 Sex: ☐ Male ☒ Female Age: 34 Disabled? ☐ Yes ☒ No

Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 408-9982 or e-mail at CobleC@mail.co.leon.fl.us

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

I have not served on an Advisory Committee. I have a BA in Education, a certificate in Association Management and am a Certified Association Executive. I have excellent organizational skills and have served on many boards and committees of nonprofits for the past 25 years.

References (you must provide at least one personal reference who is not a family member):

Name: Linda Chrono Telephone: 850-222-7994

Address: PO Box 11119, Tallahassee, FL, 32302

Name: Telephone:

Address:

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

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Have you completed the Orientation? ☐ Yes ☒ No

Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom?

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☒ Yes ☐ No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain

Do you or your employer, or your wife or child or their employers, do business with Leon County? ☐ Yes ☒ No If yes, please explain


Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No
If yes, please explain _____

All statements and information provided in this application are true to the best of my knowledge.

Signature: *Benjamin J. Elliott* _____

Please return Application to Christina Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT DE 8

<p>It is the applicant's responsibility to keep the information on this form current.</p> <p>To advise the County of any changes please contact Christine Coble by telephone at 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p>		
Name: <u>Scherry M. Elson</u>		Date: <u>08/26/04</u>
Home Phone: <u>421-4061</u>	Work Phone: <u>222-6891</u>	Email: <u>elsons@gtlaw.com</u>
Occupation: <u>Paralegal</u>	Employer: <u>Greenberg Traurig</u>	
Please check box for preferred mailing address.		
<input checked="" type="checkbox"/> Work Address: <u>101 East College Ave.</u> <u>Tallahassee, FL 32302</u>		
<input type="checkbox"/> Home Address City/State/Zip: _____		
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No For how many years have you lived and/or owned property in Leon County? ____ years <u>New Resident</u>		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference <u>Apalachee Parkway Regional Park</u> 1st Choice: <u>Citizens Focus Group</u> 2nd Choice: <u>Landfill Citizens Liaison Committee</u>		
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed: Human Services __ Housing __ Health Care __ Science __ Library Services __ Growth Management __ Tourist Development __ Transportation __ Bicycle/Pedestrian __ Metropolitan Planning Organization __ Other Areas _____		
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, on what Committee(s) have you served? _____		
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input checked="" type="checkbox"/> 4 or more And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Day <input type="checkbox"/> Night <u>Either day or night</u>		
(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals. Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age: _____ Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us		

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

I am a new resident to Tallahassee and would like to be involved in a positive way to contribute to my new community. I am a past President of a Community Organization in West Virginia and a past Secretary of the Apollo Beach Community Organization, Apollo Beach, in South of Tampa. I am an Environmental Analyst at Greenberg Traurig and have worked as a Analyst in Construction Law for 20 years as well as on environmental issues. It would be a privilege to participate in any of these committees.

References (you must provide at least one personal reference who is not a family member):

Name: Reginald L. Bouthillier Telephone: 222-6891
Address: 101 East College Ave., Tallahassee, FL 32302

Name: Bob Appgar Telephone: 222-6891
Address: 101 East College Ave., Tallahassee, FL 32302

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP
AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☐ Yes ☒ No
Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No
Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? _____
Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No
Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain _____
Do you or your employer, or your wife or child or their employers, do business with Leon County? ☒ Yes ☐ No
If yes, please explain Blueprint 2000 Committee
Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No
If yes, please explain _____


All statements and information provided in this application are true to the best of my knowledge.

Signature: Sherry M. Elson

Please return Application to
Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

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Name: Chris Evelo		Date: 8/23/04	
Home Phone: 656-1915	Work Phone: 224-2727 ext. 309	Email: eveloc@yahoo.com	
Occupation: Web Programmer		Employer: Florida Institute of CPAs	
<p>Please check box for preferred mailing address.</p> <p><input type="checkbox"/> Work Address:</p> <p>City/State/Zip: _____</p>			
<p><input type="checkbox"/> Home Address 6829 Chisholm Court East</p> <p>City/State/Zip: Tallahassee, FL 32311</p>			
<p>Do you live in Leon County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you own property in Leon County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For how many years have you lived and/or owned property in Leon County? <u>12</u> years</p>			
<p>Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference</p> <p>1st Choice: Landfill Citizen's Liaison Committee 2nd Choice: _____</p>			
<p>If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:</p> <p>Human Services __ Housing __ Health Care __ Science __ Library Services __ Growth Management __</p> <p>Tourist Development __ Transportation __ Bicycle/Pedestrian __ Metropolitan Planning Organization __</p> <p>Other Areas _____</p>			
<p>Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>If Yes, on what Committee(s) have you served? Chaires-Capitol Rec. Council</p>			
<p>How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more</p> <p>And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input type="checkbox"/> 6 or more</p> <p>What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Day <input type="checkbox"/> Night</p>			
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<p>Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us</p>			

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

References (you must provide at least one personal reference who is not a family member):

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

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Have you completed the Orientation? ☐ Yes ☐ No

Are you willing to complete a financial disclosure form, if applicable? ☐ Yes ☐ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☐ No If yes, from whom? _____

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☐ No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☐ No If yes, please explain _____

Do you or your employer, or your wife or child or their employers, do business with Leon County? ☐ Yes ☐ No If yes, please explain _____

Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☐ No


If yes, please explain _____

All statements and information provided in this application are true to the best of my knowledge.

Signature: _____

Please return Application to
Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT 12 of 17

<p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p>		
Name: <u>Jessica Kleinfelter</u>		Date: <u>8/26/04</u>
Home Phone: <u>386-6110</u>	Work Phone: <u>45-7589</u>	Email: <u>jessica.kleinfelter@leon.fl.us</u>
Occupation: <u>Environmental Specialist III</u>	Employer: <u>FL Dept of Env Protection</u>	
Please check box for preferred mailing address.		
<input type="checkbox"/> Work Address: <u>2600 Blairstone Rd- MS2500</u> City/State/Zip: <u>Tallahassee, FL 32399</u>		
<input checked="" type="checkbox"/> Home Address: <u>2682 Chateau Lane</u> City/State/Zip: <u>Tallahassee, FL, 32311</u>		
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For how many years have you lived and/or owned property in Leon County? <u>1.5</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: <u>Regional Park Group</u> 2nd Choice: <u>Landfill Citizens</u>		
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed: Human Services <input type="checkbox"/> Housing <input type="checkbox"/> Health Care <input type="checkbox"/> Science <input type="checkbox"/> Library Services <input type="checkbox"/> Growth Management <input type="checkbox"/> Tourist Development <input type="checkbox"/> Transportation <input type="checkbox"/> Bicycle/Pedestrian <input type="checkbox"/> Metropolitan Planning Organization <input type="checkbox"/> Other Areas <input type="checkbox"/>		
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, on what Committee(s) have you served? <input type="checkbox"/>		
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night		
(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals. Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age: <u>28</u> Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us		

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

+BA in Environmental Science
 +sat on committee @ UWF for Energy Saving Ideas
 +outgoing + passionate
 + I would like to act as a voice for others. I was told the landfill was closing when I bought my house 1.5 years ago. I want the opportunity to say that I physically helped, not just signed a petition.

References (you must provide at least one personal reference who is not a family member):

Name: Geoff Rabinowitz Telephone: 850-243-7521

Address: _____

Name: _____ Telephone: _____

Address: _____

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP
 AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☐ Yes ☒ No

Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? _____

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☒ Yes ☐ No I am a neighbor

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain _____

Do you or your employer, or your wife or child or their employer, do business with Leon County? ☒ Yes ☐ No If yes, please explain work in compliance + enforcement + INTERPOL program

Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No If yes, please explain _____

All statements and information provided in this application are true to the best of my knowledge.


Signature: [Signature]

Please return Application to

Christine Coble, Agenda Coordinator
 Leon County Board of County Commissioners
 301 South Monroe Street
 Tallahassee, FL 32301

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

ATTACHMENT # 3
PAGE 14 OF 17

<p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p>			
Name: <u>Karen MESSER</u>		Date: <u>Aug 26, 2004</u>	
Home Phone: <u>850-847-6452</u>	Work Phone: <u>N/A</u>	Email: <u>N/A</u>	
Occupation: <u>N/A</u>	Employer: <u>N/A</u>		
Please check box for preferred mailing address.			
<input type="checkbox"/> Work Address: City/State/Zip:			
<input checked="" type="checkbox"/> Home Address <u>6822 Longhorn Ct.</u> City/State/Zip: <u>Tallahassee, Fla. 32311</u>			
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you own property in Leon County? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No For how many years have you lived and/or owned property in Leon County? <u>51</u> years			
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: <u>Landfill Cit. Liaison Comm.</u> 2nd Choice: <u>Apal. Pkwy Reg. Pk. Cit. Focus Group</u>			
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed: Human Services __ Housing __ Health Care __ Science __ Library Services __ Growth Management __ Tourist Development __ Transportation __ Bicycle/Pedestrian __ Metropolitan Planning Organization __ Other Areas _____			
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, on what Committee(s) have you served? _____			
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input checked="" type="checkbox"/> 4 or more And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night			
(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals. Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age: <u>51</u> Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us			

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

High School 30-40 hrs Community College
I want to help. There are no such thing as problems,
merely solutions. KDM 8/26/04

References (you must provide at least one personal reference who is not a family member):

Name: Dr. Wallace Beld Telephone: 850-422-0509
Address: 904 (?) Barrie Ave. (Dr.) Tall. Fla 32303

Name: _____ Telephone: _____

Address: _____

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP
AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☐ Yes ☒ No
Are you willing to complete a financial disclosure form, if applicable? ☐ Yes ☒ No
Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? _____
Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No
Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain _____
Do you or your employer, or your wife or child or their employers, do business with Leon County? ☐ Yes ☒ No
If yes, please explain _____
Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No
If yes, please explain _____


All statements and information provided in this application are true to the best of my knowledge.

Signature: Karen D. Mease 8/26/04

Please return Application to

Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

Page 1 of 4
ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Cable by telephone at 488-8862 or by e-mail at CableC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p>			
Name: <u>MARY M. URQUHART</u>		Date: <u>6/2/04</u>	
Home Phone: <u>894-0979</u>	Work Phone: <u>—</u>	Email: <u>urquhart2@aol.com</u>	
Occupation: <u>Disabled</u>	Employer: <u>—</u>		
Please check box for preferred mailing address.			
<input type="checkbox"/> Work Address: <u>—</u> City/State/Zip: <u>—</u>			
<input checked="" type="checkbox"/> Home Address: <u>3301 Agua Ridge Way</u> City/State/Zip: <u>Tallahassee, FL 32309</u>			
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own property in Leon County? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No For how many years have you lived and/or owned property in Leon County? <u>2 1/2</u> years			
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: <u>Landfill Committee</u> 2nd Choice: <u>X</u>			
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed: Human Services <input type="checkbox"/> Housing <input type="checkbox"/> Health Care <input type="checkbox"/> Science <input type="checkbox"/> Library Services <input type="checkbox"/> Growth Management <input type="checkbox"/> Tourist Development <input type="checkbox"/> Transportation <input type="checkbox"/> Bicycle/Pedestrian <input type="checkbox"/> Metropolitan Planning Organization <input type="checkbox"/> Other Area: <u>—</u>			
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, on what Committee(s) have you served? <u>—</u>			
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input checked="" type="checkbox"/> 4 or more And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Night			
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30

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

see enclosed Resume

References (you must provide at least one personal reference who is not a family member):

Name: Gary A. Marmolva M.D. Telephone: 216.521.9112
Address: Cleveland, Ohio

Name: Nancy Kuehn Telephone: 412.487.8708
Address: Pittsburgh, PA

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP
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Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No
Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? _____
Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No
Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain _____
Do you or your employer, or your wife or child or their employers, do business with Leon County? ☐ Yes ☒ No
If yes, please explain _____
Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No
If yes, please explain _____

All statements and information provided in this application are true to the best of my knowledge.

Signature: [Signature]

Please return Application to
Christine Cobb, Agendas Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

FX: 488.1670

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